

APPLICATION DATA SHEET

Application Information

Application Type:: Regular

Subject Matter:: Utility

Sequence submission?:: Paper

Computer Readable Form
(CRF)?:: Yes

Number of copies of CRF:: 1

Title:: MODIFIED POLYPEPTIDES STABILIZED IN A DESIRED CONFORMATION AND
METHODS FOR PRODUCING SAME

Attorney Docket Number:: CBN-002CP

Request for Early Publication?:: No

Request for Non-Publication?:: No

Total Drawing Sheets:: 12

Small Entity?:: Yes

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Timothy

Middle Name:: A.

Family Name:: Springer

City of Residence:: Newton

State or Province of
Residence:: MA

Country of Residence::US

Street of mailing address:: 36 Woodman Road

City of mailing address::Newton

State or Province of
mailing address:: MA

Country of mailing address:: US

Postal or Zip Code of mailing

Address:: 02167

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Motomu

Family Name:: Shimaoka

City of Residence:: Brookline

State or Province of
Residence:: MA

Country of Residence::US

Street of mailing address:: 73 Longwood Avenue

City of mailing address:: Brookline

State or Province of
mailing address:: MA

Country of mailing address:: US

Postal or Zip Code of mailing

Address:: 02446

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Chafen

Family Name:: Lu

City of Residence:: Newton

State or Province of
Residence:: MA

Country of Residence::US

Street of mailing address:: 36 Woodman Road

City of mailing address::Newton

State or Province of
mailing address:: MA

Country of mailing address:: US

Postal or Zip Code of mailing

Address:: 02167

Correspondence Information

Correspondence Customer
Number:: 000959

Representative Information

Representative Customer Number::	000959
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-provisional	60/229,700	09/01/00

Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing
address::

Country of mailing address::

Postal or Zip Code of mailing
Address::